



BOARD OF HEALTH
GRAFTON MEMORIAL MUNICIPAL CENTER
30 PROVIDENCE ROAD
GRAFTON, MASSACHUSETTS 01519
(508) 839-5335 x1119
(508) 839-8559 FAX
healthdept@grafton-ma.gov



HEALTH DEPARTMENT

APPLICATION FOR 10-DAY EMERGENCY BEAVER OR MUSKRAT PERMIT

TO BE FILLED OUT BY APPLICANT

Fee (if applicable): \$ 25.00

Name: _____

Date: _____

Address: _____
(Street) (Town) (Zip Code)

Daytime Telephone: _____ Evening Telephone: _____

Agent Name: _____ Telephone: _____
(If Applicable)

Complaint Location: _____

Is the problem entirely on your property? Yes: _____ No: _____ Don't Know: _____

Note: If the problem does not occur entirely on the applicant's property, consent forms from all other property owners must be obtained.

Type of Complaint: Provide a detailed description of the perceived threat to public health and safety:

Under M.G.L. c. 131, s. 80A, an emergency permit authorizes the applicant or his duly authorized agent to immediately remedy the threat to human health and safety by one or more of the following options: (a) the use of conibear or box or cage-type traps for the taking of beaver or muskrat, subject to regulations; (b) the breaching of dams, dikes, bogs or berms; and/or (c) employing any non-lethal management of water-flow devices. The emergency permit will be good for 10 days from the date of issue.

Signature of Applicant: _____ Date: _____

NOTE: Options (b) and/or (c) above require applicant to get conservation commission approval prior to such work in accordance with the wetlands protection act.